

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|------------|----------------|-----------------|
| FEE DETERMINATION | <i>ML</i> | | <i>06-11-01</i> |
| O.I.P.E. CLASSIFIER | | <i>10</i> | <i>6-21-01</i> |
| FORMALITY REVIEW | <i>BZ</i> | <i>TC3-983</i> | <i>08-02-01</i> |
| RESPONSE FORMALITY REVIEW | <i>H-S</i> | <i>866</i> | <i>10-20-01</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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244
 8/5
 3C-571
 10/30/01